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LECTURE OF M. VELPEAU AT THE SECOND TRIAL IN THE CONCOURS AT PARIS.

[See page 252.]

First Patient.—URINARY FISTULA IN THE LUMBAR REGION.

THE first patient of whom M. Velpeau spoke was a young man, 30 years of age, lying at the Salle St. Marthe, *Hôtel Dieu*, and who has been affected for the last nine months with a urinary fistula of the lumbar region, situated a little above the false ribs on the right side, and external to the lumbo-dorsal mass of muscles.

This patient is a watchmaker, enjoying generally good health. Nine or ten months ago he was thrown down by a cabriolet, and received a shock on the point which is now the seat of fistula. He paid, however, little attention to the accident, did not suspend his ordinary occupation or work, and the effect of the injury seemed to be dissipated, when three weeks after, in consequence of some effort which he made, pain came on in the part and extended downward to the flank; a painful tumor was soon developed, and in a short time acquired the size of one's fist. This swelling was opened by the bistoury, and gave discharge to a thick dark matter, mixed with pus. On the ninth day urine issued through the wound, which has never closed since, though every means has been tried, such as compression, sea-baths, &c. The fistulous orifice continued, but has been very much diminished in size.

On examination to-day, we found on the right side of the lumbar region, immediately above the last false rib, and in front of the sacro-lumbar mass, a small fistulous orifice, round, puckered, and about a quarter of an inch broad at its superior part; and, lower down, another orifice, somewhat smaller. The stilet penetrated directly from behind forwards, as if it would enter the patient's abdomen. Though turned in every direction, it was always arrested backwards and upwards. The instrument, which touched here and there some slight bridles, penetrated as far as two inches and a half. M. Velpeau was unwilling to push it further, for fear of making a false route.

The wound discharges daily a quantity of clear colorless fluid, having the peculiar odor of urine, and staining the linen like that liquid. The quantity is sometimes considerable, even so much as a pint; a circumstance rather remarkable is, that the patient affirms he makes the ordinary quantity of urine by the urethra. The urinary organs did not exhibit any symptoms of disease previous to the accident; the patient never passed blood in his urine, or experienced pain in the bladder, retraction of the testicle, &c.

Here M. Velpeau entered at length into the differential diagnosis of the disease ; it did not, he said, arise from a sanguineous tumor, for the patient had not fallen upon the flank ; besides, the swelling did not immediately follow the fall, but came on a long time afterwards.

It was not an aneurism. Was it an abscess, idiopathic or symptomatic ? No ; for when the contents of the tumor were discharged, there came out a darkish matter, mixed with urine, but no pus. To show how difficult it is sometimes to decide on the precise cause of these abscesses, M. Velpeau here quoted a case which he had seen in 1826, in which the abscess, opening through the lumbar region, had its origin in the pleuræ. But in the present case there is no symptom of caries of the spine, or pleuritis. The primitive accident has, probably, been a lesion of the organ secreting the urine, or of the ureter. M. Velpeau inclined more to the former opinion, because were the ureter injured, the quantity of urine carried daily into the bladder would be diminished. There is also another important test, which he was unable to have recourse to, but which would have assisted considerably the diagnosis in this matter, viz., whether the fluid which was discharged by the fistula presented the character of perfectly-formed urine, or was merely that turbid incomplete kind of urine which distils from the mamellary processes of the kidney.

The affection in the present case is not accompanied by any pressing danger, because the patient has labored under the disease for a great length of time. Now there is nothing to be apprehended except an obstruction or irregular obliteration of the fistulous orifice, giving rise to infiltration of urine, inflammation, and extensive abscesses, &c. ; however, the long existence of the fistulous traject, is a guarantee against any accident of the latter kind. Although, as was said, the case is attended by no danger, yet there is a disgusting infirmity which prevents the patient from working, which keeps up a constant excoriation, causes depression of mind, &c. ; hence, although a cure is hardly to be expected, we must do all we can to relieve. The hygienic means are few and simple : diet ; compression (this has been tried for a length of time with great benefit, but without closing the fistula) ; stimulating injections. We could not attempt with safety to close the fistulous orifice by means of suture, or the taliacotian operation.

Second Patient.—FRACTURE OF THE RIBS. EMPHYSEMA.

The second patient, a goldsmith, sixty-five years of age, is a man of good healthy constitution ; he has never been attacked by any severe disease, although he has inhabited Paris for a great length of time. He has merely experienced some pains about the loins. Yesterday he was struck violently on the left side of the chest by a bull, who threw him on the ground ; there are also some contusions on the legs, but these are of no consequence. The patient was bled immediately, and as he was unable to get up and walk, he was brought to the hospital. At present there is neither spitting of blood, nor any difficulty or oppression of the respiration. The patient does not cough or experience any pain in the chest. The lungs appear to be sound when tried by auscultation or percussion ; externally, from the angle of the left scapula to the crista ilii,

there is a line of tumefaction, of a blueish color, easily depressed, preserving the mark of the finger, and exhibiting the crepitation characteristic of a gaseous infiltration; hence there is evidently a mixture of air and fluid; an effusion of blood, and an emphysema; besides, two, or perhaps three, of the ribs on the left side of the chest, have been fractured, probably the 5th, 6th, and 7th. The crepitation and mobility may be readily distinguished; as to the precise number of ribs fractured, it is of no great consequence to decide this point, either with regard to the result or the treatment. Our first business is to ascertain whence comes the emphysema in the present case? Emphysema in general depends on some lesion of the air tubes, giving rise to a communication between the interior of the lungs and the exterior; but sometimes this affection may be produced when the injury is far distant from the air passages, and is by no means a certain sign of fracture of the ribs. Thus, emphysema may come on after a violent fit of coughing, after fracture of the clavicle, &c.; and M. Velpeau quoted a case in which a general emphysema, where the patient was blown up like a balloon, came on after a compound luxation of the foot. In cases of the latter kind the disease is not dangerous; but when emphysema depends on a direct lesion of the lung and air tubes, the consequences may be very grave; the air may be effused into the cavity of the pleuræ, compress the lung, prevent its expansion, and threaten the patient with death by suffocation. However, our patient is not placed in this precarious and dangerous state,—a circumstance which may be attributed to several causes, either to the narrowness of the wound in the lung, or to previous adhesions between the lung and pleuræ, or, finally, because, perhaps, when the lungs dilate, the wound made into their substance is in perfect apposition with the external wound.

What is to be done to combat the emphysema? Some surgeons advise to dilate the lung as much as possible; but M. Velpeau thinks that John Bell's opinion on this point is perfectly correct; the dilated lung resembles a bladder, whose parietes are pierced, and which permits all the air that enters to escape.

The first indication is to endeavor to produce cicatrization of the wound; this can only be done by attention to the most perfect repose. Abernethy advised to compress the chest by a tight bandage, to check the continuation of the gaseous effusion, and prevent the emphysema from forming; but this is a dangerous means; for if the wound in the lung be not healed, effusion of air goes on into the cavity of the pleuræ, and suffocation becomes imminent.

When the emphysema is very extended, we should give exit to the air by deep and extensive incisions; simple scarifications are not enough to relieve the urgent symptoms accompanying cases of this kind; besides, when the patient is blown up by emphysema, the large incisions which you think you have made are reduced to almost nothing, when the air is evacuated. In cases of extensive emphysema M. Velpeau has made from twenty to thirty large incisions, or even more, and the patient, who seemed on the point of being suffocated, was instantly relieved.

Whenever the emphysema is slight, we may have recourse to compression; but scarification is indispensably necessary, whenever the effusion of air is in any way extensive. If the respiration be much oppressed,

or any symptoms of inflammation of the lungs come on, general blood-letting must be had recourse to at once, and repeated according to circumstances. As to the effusion of blood, which we described before, this will be absorbed, or will give rise to abscess, and require to be discharged by incisions; the fracture of the ribs is to be treated by bandage; however, it is difficult to obtain a perfect consolidation, on account of the constant motion communicated by respiration.

DISLOCATIONS OF THE SHOULDER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have recently seen in the Medical Magazine of November 1st, a lecture of M. Dupuytren on Dislocation of the Shoulder, in which, what is called the “new and important mode of reduction,” suggested by Dr. Malgaigne, was resorted to with success. This “new method” consists in raising the affected arm to a line nearly parallel to the axis of the body, and making the extension while it is held in this position. M. Berard, in his lecture at the Concours in Paris, published in your Journal of Nov. 8th, says, the “new method” “consists in elevating the arm as much as possible, and drawing the head of the bone upwards in the direction of the fibres of the deltoid muscle.” Each of these lectures undoubtedly contains much interesting and useful information; but I wish to inquire, and would thank you, Mr. Editor, or any of your correspondents, who will inform me, in what important respects this “new method” differs from that laid down by Sir Charles Bell. The copy of his “System of Surgery” in my possession was published at Hartford, by Hale & Hosmer, 1812, and in pages 172 to 175 of Vol. 2d, a method of reduction is pointed out and illustrated by several engravings, which Mr. Bell does not even *then* call “new,” and which to me appears almost precisely similar to that so highly extolled by the celebrated French practitioners. Nay more, the *rationale* of the practice is made much more plainly apparent by Mr. Bell, than it is by his Gallic neighbors.

While I would be the last to undervalue the distinguished surgeons of the French capital, I can by no means consent that they should receive credit for introducing a “new method” of reducing a dislocated humerus, when that same method has been as well described, and its propriety *better* illustrated, more than twenty years before, by a surgeon to whom the profession in this country and in Europe are so deeply indebted.

Whatever credit may be due the professors in Paris, it certainly does not redound to their honor that important surgical knowledge should require a quarter of a century to cross the channel; nor should we look to them with gratitude for “new methods” of their own, when those same methods have long been in use here, through the accurate instructions of our English friend.

M. Dupuytren says “this method cannot be practised in a sitting posture, if the patient be of high stature. In such cases, the injured person must be laid in the horizontal attitude, or the assistant who makes the extension must mount a table.” I had supposed, if the patient was

seated on the floor, and his body inclined to the affected side, at an angle of perhaps 45 degrees, while the extension is made, that a sufficient relative elevation would be obtained, while at the same time the fold of cloth or towel, by which counter-extension is made, applied as directed by Mr. Bell (page 170), would *better* confine the scapula in its position.

I am apprehensive that my own ingenuity would be insufficient, in many cases, to draw off the patient's attention, so as to take the muscular system by surprise, at the moment of effecting reduction, as recommended by M. Berard, and it seems that even a grave accusation of theft, urged against his patient by M. Dupuytren, for that purpose, was inefficacious. When about to reduce a dislocated humerus a short time since, observing that the patient, a strong muscular farmer, at the moment of making extension, contracted the muscles with all his force, I directed the extension to cease forthwith, and represented to him that being short of help we could not very readily overcome the natural obstructions to the reduction, if they were increased, as they might be, by his own efforts. After receiving a promise that he would allow the muscles to be perfectly relaxed, extension was again made and the reduction speedily effected. On my remarking that it took place more easily than I had expected, he replied, "Yes, but I could have held them easy enough, if I had tried;" an assertion which was undoubtedly true. Will it not often be easier to induce a patient to relax his muscles, than it will be to draw off his attention from such an operation?

S.

Hardwick, Mass. Nov. 18, 1834.

A PIN REMOVED FROM THE LARYNX BY INCISION.

BY V. M. DOW, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SOPHIA B——, about 8 years of age, came with an older relative to consult me October 23d, 1834, on account of having, within the half hour preceding, and while at school, as she expressed it, "swallowed a pin." Feeling some irritation in her throat, she thought the foreign substance must be still lodged there. Not being able to discover it by examining the interior of her throat, and as she could swallow large mouthfuls of bread without much difficulty, I concluded that the pin must have passed down into the stomach, and that the irritation complained of might be owing to wounds of the lining of the pharynx made by the pin during its passage. But the patient still insisted that she felt it prick, and referred to the seat of the sensation by pointing with her finger externally to the anterior surface of the larynx. On examining this part, a small projection from the cartilages could be felt, which moved up and down with them during the act of deglutition, and which might, from this circumstance, as well as from its situation, have been mistaken for the *pomum Adami*, only it was rather more conical. A little farther examination discovered that a pricking sensation was caused in the part by pressing upon the apex of the tumor with the finger, and convinced me that the point of the pin was actually protruded from within through the anterior wall of the larynx.

I therefore placed the patient in a convenient posture upon her back, the neck being extended by placing a pillow beneath it, divided the integuments over the tumor, and with some difficulty succeeded in denuding and grasping the point of the pin with forceps, and at once withdrew it so far that its head only remained firmly held within the larynx. To liberate this I was obliged to pass the point of a lancet quite through the wall of the larynx, using the shaft of the pin as a guide, as no force which I deemed prudent to apply would otherwise extract it. The wound of the operation was but about half an inch in length, bled but little, and was easily closed with a strip of court plaster. The pin was bright, perfectly straight, and measured an inch and one-eighth in length.

The chief difficulty of the operation was experienced in seizing so small a body, as it lay covered and surrounded by cellular substance, and more especially as the patient continued to swallow almost incessantly, notwithstanding my cautions to the contrary, which caused the object of my search to traverse upward and downward, by quick movements, a distance of not far from three-fourths of an inch. From the situation in which the pin was found, as well as from a careful examination of the situation of the wound since the operation, it appears that the pin must have penetrated the angular part of the thyroid cartilage, or possibly the ligamentous substance just above this, and occupying the notch in the upper edge of the angular portion of this cartilage. It presented, when found in the wound, with its point directly forward, and apparently at a right angle with the length of the trachea.

New Haven, Ct. Nov. 1, 1834.

INJURY OF THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—In the Journal of the 5th inst. a case of injury of the brain is reported by Dr. S. W. Williams, for the purpose of showing “how wonderfully the powers of the mind may be sustained under extensive lesions and even destruction of that organ.” A boy was kicked by a horse on the head, “the temporal and parietal bones” extensively fractured, a piece of the latter the size of a dollar removed, “large portions of brain escaped through the wounded dura mater,” and in a few days a “fungus protruded to more than the size of a goose-egg.” “Still his faculties did not seem to be impaired, and he was able to repeat the principal part of the stanzas of Peter Parley upon the first settlement of America, which he had previously learned.” The patient expired twenty-four days after the accident, when the fungus had nearly subsided, “and the skull was completely hollow beneath it.” Dr. W. “judges that three wineglasses full of brain had been lost from the right side of his head.”

The above are the facts furnished, relevant to the object of the report. Then are propounded the following *Queries*. 1st. “It being so hollow beneath, what occasioned the brain and fungus to protrude?” 2nd. “How was it possible for him to retain his faculties so perfectly after the loss of so much brain?”

This report, though somewhat deficient in detail as to the manifestations of the "faculties," as well as to morbid appearances post-mortem, is believed to furnish sufficient data for a satisfactory explanation of the latter quere, which seems to be especially addressed to "cranioscopists." I would take the liberty, however, to remark by the way, that if the brain, as considered by the metaphysicians, be a single organ of mind, and every intellectual faculty be dependent on the action of the whole cerebral mass for its manifestation, it is difficult to conceive "how it is possible" for even so small a portion of the "faculties," as represented in the report, to be retained, "after the loss of so much brain." But the phrenologist, who considers particular parts of the brain to be the organs of distinct mental faculties, can have no difficulty in understanding how one or more of these organs may be destroyed or impaired, without necessarily inducing any diminution or alteration in the functions of the others.

Phrenology, or the doctrine of a plurality of organs and faculties, teaches that the anterior lobes of the brain contain the organs of the intellectual faculties, and that the organs of certain propensities, common to man and animals, are situated in the lateral portions of the middle lobes. From the report in this case, it would seem that the loss of cerebral substance was from the organs of secretiveness and acquisitiveness. The injury may also have reached cautiousness, destructiveness or constructiveness. Now it is very possible the functions of all these organs *may* have been diminished or altered, without attracting the notice of the reporter. But as the cerebral organs, like most others of the body, are double, as lesion of an organ upon one side does not necessarily impair the action of its fellow on the other, and as it does not appear in the present case that lesion was discovered to any extent beyond the loss of substance, the faculties in question may not have been materially impaired.

It is said, "the faculties did not seem to be impaired" (meaning the intellectual faculties). But the only observation adduced in support of the assertion, is, that the patient was able to repeat stanzas previously committed to memory. Verbal memory, therefore, was unimpaired. The organ of language, on which depends the faculty of combining and recalling words, has its location over the orbital plates, and somewhat removed from the seat of injury in this case. No disease or alteration of this part was discovered, and it is not inconsistent with the laws of the animal economy that integrity of function in this as well as other intellectual organs should have been maintained for a few days, notwithstanding a portion of the middle lobe had been destroyed. The posterior division of the spinal marrow may suffer irreparable lesion, with consequent loss of function (sensation), while muscular motion, depending on the healthy action of the anterior division, remains unimpaired; and vice versa.

Numerous well-authenticated cases are recorded, of disease of the organ of language, with entire loss of verbal memory, while the other faculties of the mind seemed to retain their accustomed energy. With what degree of perfection the "faculties," other than language, were manifested in the present case, we are not informed; though it seems probable their energy was somewhat impaired, as the patient "remained

rather comatose." Numerous cases of this description have been hunted up from the records of surgery, and arrayed with apparent triumph in opposition to the doctrines of phrenology. But such cases, however inexplicable by other systems of philosophy, present no difficulty to the phrenologist. They are readily explained by the plurality of organs and faculties, and instead of militating against, they in fact strongly confirm, the truth of the science of Phrenology—or, if you please, "Craniology."

W. W.—M—N.

—, November 20th, 1834.

MIDWIFERY CASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—No pretension to originality is claimed for the practice adopted in the following cases. It was first employed by an eminent practitioner in this city, who afterwards published an account of it in the American Journal of the Medical Sciences. My only object is to confirm what has already been written on the subject, with a view to its more general adoption, as I am assured by my own experience it will be the means of preserving many children from a premature death. The sixth and seventh cases are more curious than instructive: the latter, however, affords strong evidence in favor of the ability with which nature is endowed in effecting her own purposes, unassisted by art.

Respectfully yours,

J. Wood.

Boston, Nov. 26, 1834.

CASE I.—*A breech presentation, in which the child cried and breathed fifteen minutes before the head was delivered.* Mrs. M. aged 25, a strong healthy woman, was taken in labor with her first child in December, 1830. A female midwife had been in attendance upon her fourteen hours previous to my visit. On examination, the breech was found to be the presenting part. Pains strong and forcing. In less than twenty minutes the child's body was delivered. Immediately afterwards, attempts were made to disengage the head, but they proved unsuccessful. The first struggle of the child warned me of its danger, and the strong necessity of adopting some other method to preserve its life. The head was fairly in the vagina, with the face lodged in the hollow of the sacrum. The case was favorable for the introduction of atmospheric air. At the first warning struggle from the child, I suspended all attempts at extraction, and immediately adopted a plan similar to the one successfully tried and afterwards communicated to the profession by Dr. Bigelow. Having introduced a part of the hand into the vagina, I placed the fore and ring fingers on the upper jaw, each side of the child's nose, inserting the middle into the mouth to depress the lower jaw; and, resting the back of the hand on the edge of the perineum, I carried that back towards the sacrum in such a manner as to give free passage to the external air. In a few seconds the child breathed and cried vigorously. The nurse, hearing the cries of the child, immediately exclaimed—"Thank heaven, Mrs. M. is well." I told her not to be so hasty, as the head

was not yet born. But she would not credit me, until, at my instance, she manually verified the assertion. Fifteen minutes elapsed before the head was delivered, during which time the child occasionally cried and breathed freely and perfectly.

CASES II., III. and IV. of a like character, have occurred to me since the above, in all of which I adopted the same practice, with similar success. In Case V. the child's body was delivered before I arrived, and all my efforts before and after birth proved unavailing in restoring the child to life. With regard to the case below, the VI. and last in connection with this subject, a difficulty existed which I had foreseen, but unfortunately could not remove. The funis and right arm came down at the same time, and I was obliged in consequence to change the position of the child by bringing down the feet, which I happily accomplished in the first attempt; but, owing to an evident deformity in the brim of the pelvis, I was unable for some time to bring the head down low enough to reach the mouth with my fingers. This delay proved fatal to all after-attempts at resuscitation.

I am not aware that the plan of introducing atmospheric air, either as described above or by the insertion of a gum-elastic tube into the child's mouth, has been much practised by the profession; or, if so, with what amount of success. I am confident that in protracted cases of retention of the head, there is no practice which can supersede the above, both as regards the facility with which it may be employed, and the almost certain preservation of the child's life in every instance. The head cannot remain many moments in this state before asphyxia more or less perfect is induced, and the physician, already overcome by the fatigues of a tedious labor, has to undergo a second purgatory in resuscitating the child. Now this is completely obviated by the simple means I have attempted to describe; but, what is of still more importance, the child's life by this easy method is made perfectly secure against any reasonable delay, even to the extent of the introduction and use of the forceps. Again, in ordinary practice have we any positive assurance that the child can be always resuscitated after delivery? I think no one will dispute the fact that a large number of breech and footling cases perish in consequence of the delay attending the deliverance of the head; and who, after such an admission, can hesitate about the propriety of adopting a means so simple and consistent as the above?

CASE VI.—*In which the funis descended first in three successive deliveries.* Mrs. B. aged 45, of slender form, but enjoying good health, was taken in travail with her second child in February, 1831. The physician who attended her in her first accouchement informed me that the umbilical cord came down early in the labor, and not being able to replace it, the child was stillborn. In the present labor, upon examination I found the os tincæ perfectly dilated, the membranes unbroken, with the funis laying loosely within them, and the head lodged high above the symphysis pubis. I also detected at the brim of the pelvis a lateral contraction of the left os ilium. She was well aware of the difficulty which had existed in her previous confinement; consequently I had no trouble in making her understand that the same peculiarity obtained now which did then, and that the result would probably be as unhappy. Her

answer was, "Save the child at any expense of suffering to myself." I would not have hesitated a moment in turning, had I not felt serious apprehensions that the head would be checked in the brim of the pelvis by the malformation above mentioned. I therefore attempted its replacement. Rupturing the membranes, the cord immediately dropped into the vagina. Several efforts were made to carry it back again into the uterus, but, owing to the strong resistance of that organ, they proved unavailing. The head was now gradually sinking into the pelvis, and the passage thereby materially diminished. I determined to make one more effort to entangle the cord on the feet of the child; and, failing in this, I resolved to turn. Meanwhile 100 drops of laudanum were administered, and as soon as the uterine action abated, I renewed my exertions. Having secured the cord loosely between my index and middle fingers with a narrow strip of old cotton cloth, I cautiously introduced my hand into the womb, and by dint of great exertion and perseverance I succeeded in slipping the cord over the child's left foot. My hand was carefully withdrawn, and in three hours after I had the pleasure of presenting the mother with a living child.

Two years afterwards, I attended the same person with her third child. The funis again came down, and with it the right arm. Turning was the only alternative, but the result was fatal to the child.

CASE VII.—In which a hydrocephalic head, eighteen inches in circumference, passed through a common-sized pelvis; together with an account of its admeasurements at different periods. Mrs. H. aged 39, well-formed and healthy, was taken in labor with her sixth child on the 4th of May, 1833. All her previous confinements had been unusually expeditious, rarely exceeding an hour in duration. Soon after labor commenced, the membranes broke and the waters continued to dribble away most of the night. On examination, the os uteri was found perfectly dilated, and the head presenting, but so high up as barely to be touched by the finger. Eight hours after the first examination, she was again touched. The head was now fairly wedged in the brim of the pelvis, of enormous size, and the scalp tense and greatly tumefied. Although the pains were exceedingly strong and forcing, yet no evident impression was made upon it for several hours after; a large portion of which time my patient suffered from the most excruciating cramps in the lower extremities. She was so much exhausted by fatigue and suffering that I deemed it prudent to suspend her labor, and, if possible, give her a few hours repose. Pills of camphor and opium were prescribed. The medicine, instead of allaying the pains, increased their strength and frequency, and in two hours after she was delivered of a living hydrocephalic child. The head measured eighteen inches in circumference; twelve inches from the base of the nose to the junction of the occiput with the neck, and ten from ear to ear. The mother was confined to her bed five weeks with paralysis of the lower extremities, partial in the left and total in the right leg. It was some months before the right limb was restored to its former usefulness.

A fortnight after birth the child experienced some inconvenience from a slight catarrh and derangement of the hepatic function, but these complaints readily yielded to diet and simple medicines. Its appetite gra-

dually improved, and it fed lustily on cow's milk—the mother being unable to nurse it much herself.

The increase in the size of the head two months after birth was found to be four and a half inches in the circumference; three from nose to occiput, and two and a half from ear to ear. This was a fair case for the operation advised and practised by continental surgeons. It was early proposed to the parents, but I could not obtain their consent without the promise that an improved state of health would follow its performance.

I visited the child occasionally until its death, which took place six months from the birth. It was gradually reduced to a mere skeleton, and yet the appetite was voracious. A week before its decease a diarrhœa set in, attended with much pain, and the child gradually sank under it.

The head had now acquired an enormous size. It measured thirty-seven and a half inches in circumference; thirteen and a half from ear to ear, and seventeen from the base of the nose to the termination of the occiput at the neck. The scalp was extremely tense and glossy, and the bones of the cranium were widely separated and readily yielded to the position in which the child was laid, thereby destroying the natural symmetry of the head, giving flatness to one side and an extreme bulge to the other. A post-mortem examination could not be obtained.

SMALLPOX.—HÆMOPTYSIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—There are two articles in your last number on which I wish to offer a remark.

One is an article on smallpox, from Dr. Wallace, of N. Hampshire. I am fearful that the excellent work on smallpox and the varioloid disease, with colored plates, by Dr. Fisher, of this town, is not known as extensively as it should be. This work should be in the hands of every physician not familiar with those diseases. I beg leave to add that this is written without the knowledge of Dr. Fisher.

The other is on hæmoptysis. My experience has not been small in this affection, and it contradicts that of Dr. Houston. For many years I have prescribed to those not very peculiarly weak a diet of milk and vegetable food, and active exercise in the open air, except just at the time of the hæmoptysis, when I have prescribed wine and ardent spirits. I have relied on the exercise to give vigor. I have often added a frequent repetition of small blisters; and if there have been symptoms of any active inflammatory process in the chest, I have employed venesection in the first instance. Some persons have, and some have not, complied with my directions, and the result has corresponded; that is, among those who have so complied, a large proportion have prolonged their lives at least—and those who have not, have fared much worse. Many die under any treatment, no doubt; but the method I have suggested, and which I do not claim as peculiar to myself, has been attended with success too satisfactory to be abandoned.

I make these comments to counteract the effect of an article which I think may be injurious.

J.

Boston, Nov. 26, 1834.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 3, 1834.

DR. CALDWELL ON QUARANTINE LAWS.*

DR. CALDWELL has achieved a distinguished reputation, both as a teacher and a writer. With such perseverance does he apply himself, that few medical men in the United States are so well and so favorably known. On whatever subject he fixes his attention, he is sure to investigate it thoroughly ; and though we may not always subscribe to his views and opinions, we are nevertheless ready to acknowledge, that, when his whole strength is exerted, he has but few equals.

The pamphlet to which the attention of the reader is now directed, has just issued from the press in this city, and will doubtless command the attention of the public very extensively. As it regards the views entertained by the author with respect to the quarantine system, he will unquestionably have the popular voice, and at least one half of all the physicians, in his favor, though we apprehend it will be a long time before the change which he recommends will become universal.

Dr. Caldwell has given a summary history of the origin of quarantine laws, which adds much to the interest of the essay. After a series of philosophical remarks upon contagion, he introduces the following on the non-contagious character of the plague.

"Plague bears no resemblance to a contagious disease, in either its commencement, progress, or termination. It begins without any known communication with affected persons, clothing, or merchandise, spreads irregularly but rapidly, and disappears at the time and under the circumstances most favorable to its further propagation, were it actually contagious. To be explicit on these points, which are vitally important in the present discussion.

"Smallpox is a truly contagious disease, and usually spreads by its virus alone, being rarely epidemic. It moreover far surpasses the plague in the certainty with which it is communicated, as appears from the fact that fewer persons exposed to it escape an attack. The calculation is, that not more than one in, I think, about seven thousand, can be fairly exposed to the contagion of smallpox, with impunity ; while plague passes by a large proportion of persons, under a like exposure, without injuring them. Yet plague spreads through a city or country with tenfold the rapidity of smallpox. The latter complaint requires perhaps a year to pervade an entire city or town, which the former overruns in a single month. The reason is plain. Smallpox cannot spread, unless the well contract it by coming within the immediate atmosphere of the sick, their bedding or clothing, or some other article that has been about their persons. All this may be avoided. But the case is different with respect to plague, as will be made to appear, and explained more fully hereafter. To contract it, no approach to the persons of the sick, or to anything

* Thoughts on Quarantine and other Sanitary Systems, being an Essay which received the Prize of the Boylston Medical Committee of Harvard University, in August, 1834. By Charles Caldwell, M.D. Boston—Marsh, Capen & Lyon.

that has been near them, is requisite. It comes to individuals, instead of their going to it.

"Smallpox again spreads, with regularity, from person to person, family to family, and neighborhood to neighborhood, according to the time and proximity of exposure. The nearest suffer first, while the more distant escape until a later period. Very different is the manner of the spreading of plague. That malady, in its irregular progress, passes over not only individuals and families most exposed, without attacking them, but leaps over whole adjoining neighborhoods, and lights on remoter ones. It then often returns and scourges those it had spared. In these several points, again, it is identical with yellow fever. Nor are the two maladies less similar in the mode of their termination, which is usually abrupt; while that of smallpox is as gradual as its commencement. In temperate latitudes, plague begins in June, July, or August, according to the character of the season, and ends in November, or early in December. So does yellow fever. When plague first appears, the cases are few in number, and its supposed matter of contagion correspondingly small in quantity. As the cases increase in number, so, of course, does the supposed matter of contagion in amount; and in proportion to that amount, at any given time, must be its power to spread the disease. This may be termed an axiom. When the complaint, therefore, is at its height, its capacity to spread must be greatest. But, when it begins to decline in November (and its decline is, for the most part, very rapid), the number of its cases, in a large city—say Constantinople or Grand Cairo—is a hundred-fold greater than it was when it first broke out, in June or July. Its supposed matter of contagion is, of course, in an equal degree more abundant. Why then does the disease suddenly disappear, its quantity of poison and means of propagating itself being still so great? * * * * * The circumstances of the termination of plague, contrasted with those of its beginning, are alone sufficient to subvert the hypothesis of its contagiousness."

Several historical facts are quoted by Dr. C. as additional proof of the non-contagious nature of plague, but we have not room to copy them.

The external Health Police, or, as it is technically denominated, the Quarantine Law, in the port of Boston, is certainly the most unexceptionable system of the kind in the world, being neither oppressive nor expensive. No vessel is detained a moment without good cause—and when a sick man is taken from one and placed in the hospital, the remainder of the crew and passengers who are well, and the cargo if in good condition, pass on forthwith to the town. The course which Dr. C. approves, and the one, too, which should be sustained by every commercial city, recommends itself to the common sense of every intelligent person. It is as follows.

"Let it not be imagined, however, that I would admit into port all vessels, at all times, without examination or detention. Far from it. In warm weather, especially, no vessel should be permitted to enter, whose foul condition or damaged cargo may aid in vitiating the atmosphere of the place, until the whole shall have undergone a thorough cleansing. True plague, and other forms of pestilential disease, are of atmospherical origin. The great object, therefore, of sanitary establishments, should be to keep the atmosphere in a pure condition. But little else is required of them; and that can be effected only by the enforcement of cleanliness. But, among the sources of filth and atmospherical corruption, in maritime

cities, and those situated on lakes and navigable rivers, foul ships and damaged cargoes are justly enumerated. They should be therefore excluded, until rendered innocent by purification."

"The period and process requisite for the purification of a ship and cargo, depend altogether on the circumstances of the case. The duration of their detention, therefore, being very much a matter of experience and judgment in each particular instance, cannot be specified. Nor is it necessary that it should be, provided the business be conducted by men of intelligence. In no case, however, need it be very protracted. But my object being not to enter into details, but to state general principles, I shall dwell on this topic no longer."

"In every sanitary port-establishment, a hospital should be included, as well as suitable buildings, grounds, and apparatus for cleansing and storing goods and merchandise. Into the former should be received all sick persons, arriving on board of ships, and sailors who may sicken in port; not because they would endanger the health of the city by being lodged and attended elsewhere, but because their accommodations and chance of recovery might not be so good. The healthy portions of the crews and passengers of sickly ships may go on shore immediately, free from all restraint, care being taken that their persons and clothes are clean. No filth, however small in quantity, should be conveyed into the city from without. Under the best regulated police, every crowded place of commerce has filth enough of its own. Let ships, cargoes, bedding, persons, and wearing apparel, be thus purified, and all other necessary measures be pursued to enforce domestic cleanliness and prevent the formation of malaria, and the dread of imported pestilence may be safely dismissed."

Such is the operation of the Quarantine Law of Boston—and it may be safely adopted by all our neighboring cities.—We shall look into this excellent prize dissertation again.

SIR HENRY HALFORD.

THIS very popular gentleman, than whom no man has had more professional prosperity without any great effort on his own part, seems to have been driven into close quarters by the questions recently put to him by the parliamentary committee. He is evidently a stickler for that sort of medical monopoly which provides well for those who prescribe for his majesty. Though his official management in the Royal College of Physicians has sometimes been vexatious, in keeping licentiates so long in that beseeching, hoping condition, that they cannot become fellows till just before they die—like the policy of the Vatican, of electing the oldest cardinal to the papal throne, with many anxious prayers for his speedy death—he has obviously been maltreated by officious, meddling contemporaries. We really believe him a talented man. A fool could not have maintained his place so long—besieged as he has been by all the envious, disappointed, medical snarlers in Great Britain. Unfortunately; however, it is the opinion of this unyielding president, that no one has much claim to honor or profit in the profession, who has not been educated at Oxford or Cambridge—neither of which places have a very high reputation for their schools of medicine. Without doubt, they are the most expensive institutions in the world; and yet a man in any hospital in this country, of common industry and capacity, has a better opportunity of

qualifying himself for practice than in either of them. But, "*the cost of the title of M.D. makes it respectable.*" Here is the cause of all the difficulty out of which the hue and cry about medical reform has been raised, and which has produced a warfare between hospitals, schools, surgeons, professors, and apothecaries, even down to lint-scrapers and mortar boys, that cannot be allayed till concessions are made on the one side, and the condition of the humble, but ambitious and deserving, is ameliorated on the other. In a word, the discovery has recently been made in the United Kingdom, that great family influence, great wealth, great patronage and great pretensions, may all exist, without talents or learning. Though there may be a monied aristocracy, there never can be one of intellect.

There are discontented spirits, too, in this country—but their complaints are generally groundless. The country in this respect is free as the vital air, and every medical man in it may rise to usefulness and distinction, if he possesses the qualifications. While we entertain these views, which we shall be slow, indeed, to change, the "*Hints*"—"Queries"—"*Observations of an Unprejudiced Spectator*"—"Strictures"—"*Unbiassed Remarks*"—"Surgical Blunders"—"*Hospital Abuses*"—"Scarified Pupils," &c. &c. &c., which have been abundantly supplied, for the sole purpose, it is believed, of shaking the tree that there may be a scramble for the fruit, will never meet with encouragement from us. For quacks and systematized quackery, on the other hand, which the law unfortunately tolerates, we have an unqualified contempt, and we feel bound to lend a helping hand towards the civil extermination of an infamous set of desperadoes who are thus preying upon the vitals of the community.

Arrest of Vomiting.—Every physician has found himself placed in extremely unpleasant circumstances, at times, in consequence of his inability to arrest protracted vomiting. Dr. Bayles has announced what he considers an infallible remedy. He says "it consists of the effervescing draught, but given in a different manner. I dissolve *one scruple of the subcarbonate of potash in an ounce of peppermint water, with one drachm of tinct. catechu, one of simple syrup, and ten drops of tinct. opium, for the alkaline draught. I then dissolve eighteen grains of citric acid in an ounce of water, for the acid draught.* The alkaline is poured into one glass and the acid into another. The patient swallows one of them, and instantly takes down the other. The extrication of carbonic acid takes place entirely within the stomach. If this be ejected, I repeat the dose within an hour." He further remarks, that he has had the experience of nearly forty years in the treatment of the cholera morbus, in which it has not failed in one case.

Colchicum in Cholera.—Mr. Cotter, an English practitioner, has given the following prescription, even in some collapsed stages of cholera, with uncommon success.

R. Vin. Sem. Colch. ʒij.
Mng. Sulph. ʒij.
Inf. Rosæ, ʒij., ʒvj. M.

Two tablespoonsful of the mixture to be given every half hour.

Lotions for the cure of Porrigio Favosa.—M. Dauvergne employs the following lotions in the treatment of *Dartre crustacée flavescens* (*Porrigio favosa*, Bateman). 1st. R. Iodin. 3ij.; Iodur. potass. 3vj.; Aq. distill. 3ij. M. 2d. R. Sulphuret potass. 3iv.; Aq. distill. Oss. M.

These solutions are mixed in the proportion of a drachm or teaspoonful of the first, with half an ounce or tablespoonful of the second; the whole in a basin of tepid or cold water, according to the indication.—*Journal de Pharmacie*—*Amer. Journ. Med. Sciences*.

Destruction of the Central Substance of the Spinal Marrow.—M. Maisonneuve has communicated to the Anatomical Society of Paris, the interesting and perhaps unique case of a woman affected, at the age of twenty-six years, with a paralysis of motion and sensation of the upper extremities, and of motion alone in the lower limbs, coinciding with the destruction of the gray or central substance of the upper portion of the spinal marrow to the extent of eight or nine inches: a species of accidental "*syringo-miélie*," analogous in form to that sometimes met with congenital.—*Archives Gén.*—*Ibid*.

A case of Suicidal Death from Opium, &c. next week. Also one of Catarrho-Rheumatic Ophthalmia.—A Word on Variolous Inoculation, on file.

DIED.—At St. Charles, Mo. Dr. Robert McCluer.—In Orange Co. N. C. Dr. John Allen.—In the notice of the death of Dr. A. H. Day, in our last number, he was erroneously stated to have belonged to the U. S. Army. He was son of Dr. Sylvester Day, an elderly Surgeon in the Army, stationed at Fort Preble, Me.

Whole number of deaths in Boston for the week ending Nov. 29, 27. Males, 12—Females, 15.

Of lung fever, 3—typhous fever, 1—canker, 1—consumption, 8—scarlet fever, 1—diarrhea, 1—intemperance, 1—dropsy, 1—pleurisy, 1—infantile, 1—child-bed, 1—old age, 3—cholera infantum, 1—croup, 1—debility, 1. Stillborn, 4.

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